

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sopresa Corp.
c/o Art Rivera
Box 250
Chama, NM 87520

CHRB-007-0060

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3232

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Art French

Agent
 Addressee

B. Received by (Printed Name)

A French

C. Date of Delivery

4-25-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Navora Martinez
HC 75 Box 7
Tierra Amarilla, NM 87575

CHRB 009-00123

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3201

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Navora Martinez

Agent
 Addressee

B. Received by (Printed Name)

Navora Martinez

C. Date of Delivery

4/11/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Juan A. Martinez
HC 75 Box 7
Tierra Amarilla, NM 87575

CHRB 009-0012B

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3218

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Juan A. Martinez

Agent
 Addressee

B. Received by (Printed Name)

Juan A. Martinez

C. Date of Delivery

4-13-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Christine M. Cordova
6317 Ponderosa Ct. NE
Albuquerque, NM 87110

CHRIS CORDOVA

2. Article Number
(Transfer from service label) 7099 3400 0019 5292 3171

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Christine Cordova* Agent Addressee

B. Received by (Printed Name) *Christine Cordova* C. Date of Delivery *4-11-06*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Elipio G. Mecure
P.O. Box 104
Los Ojos, NM 87551

ELIPIO MECURE

2. Article Number
(Transfer from service label) 7099 3400 0019 5292 3164

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elipio Mecure* Agent Addressee

B. Received by (Printed Name) *Elipio Mecure* C. Date of Delivery *4-20-06*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

■ Print your name and address on the reverse so that we can return the card to you.

■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Rosita L. Valdez
HC 71 Box 83
Dulce, NM 87528

Rosita Valdez

2. Article Number
(Transfer from service label) 7099 3400 0019 5292 3140

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rosita Valdez* Agent Addressee

B. Received by (Printed Name) *Rosita Valdez* C. Date of Delivery *4/21/06*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

Case 6:69-cv-07941-KWR-KK Document 8304-1 Filed 06/29/06 Page 3 of 8

- Complete items 1, 2, 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Diane O. Burnside
P.O. Box 161
Chama, NM 87520

**RESTRICTED
DELIVERY**

CHCC 001-0005

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** *Dianne Burnside*

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery***DIANNE BURNSIDE 5/9/06***D. Is delivery address different from item 1?**

Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number(Transfer from service label) *7099 3400 0019 5292 3058*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duane C. Burnside
P.O. Box 161
Chama, NM 87520

**RESTRICTED
DELIVERY**

CHCC 001-0005

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** *Duane C. Burnside*

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery***DUANE BURNSIDE 4/24/06***D. Is delivery address different from item 1?**

Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number(Transfer from service label) *7099 3400 0019 5292 3041*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Duncan Family Ltd. Partnership
506 Galisteo Street
Santa Fe, NM 87501

CHCC 001-0012

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X** *Terrell White*

Agent
 Addressee

B. Received by (Printed Name)**C. Date of Delivery***Terrell White***D. Is delivery address different from item 1?**

Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number(Transfer from service label) *7099 3400 0019 5292 3065*

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

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- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Robert A. Gintowt
1802 Monterey Drive
Gallup, NM 87301

RESTRICTED
DELIVERY

CHCC 001 - 0013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Robert A. Gintowt

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

1802 Monterey
Gallup, NM

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Arta C. Smith
86 Santa Maria Drive
Edgewood, NM 87015

CHCC-002-0008

A. Signature

X Arta C. Smith

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

ARTA C. SMITH 4/16/06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3102

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Leo L. Smith
86 Santa Maria Drive
Edgewood, NM 87015

RESTRICTED
DELIVERY

CHCC-002-0008

A. Signature

X Leo L. Smith

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

LEO L. SMITH 4-25-06

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3096

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Antonio Garcia
P.O. Box 381
Espanola, NM 87532

**RESTRICTED
DELIVERY**
CHCC 004-0007

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 3119

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Antonio Garcia Agent Addressee

B. Received by (Printed Name)

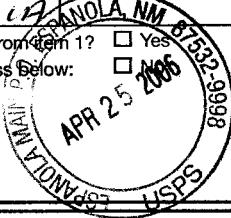
ANTONIO GARCIA

C. Date of Delivery

ESPAÑOLA, NM 87532-9806

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below:



3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Margaret Valdez
DOB 4/18/1
Cortez, Co 81321

CHCV 002-0012

2. Article Number

(Transfer from service label) 7099 3220 0005 9416 4504

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Margaret Valdez Agent Addressee

B. Received by (Printed Name)

Margaret Valdez

C. Date of Delivery

5/5/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Esther Deyapp
P.O. Box 741
Chama, NM 87520

CHCV 002-0013

2. Article Number

(Transfer from service label) 7099 3220 0005 9416 4467

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Esther Deyapp Agent Addressee

B. Received by (Printed Name)

Esther Deyapp

C. Date of Delivery

5/5/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

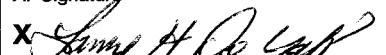
1. Article Addressed to:

Larry Deyapp
P.O. Box 741
Chama, NM 87520

CHCV 002-0013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Larry Deyapp

C. Date of Delivery

4/25/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3220 0005 9416 4450

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

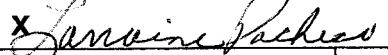
1. Article Addressed to:

Lorraine T. Pacheco
P.O. Box 414
Chama, NM 87520

CHCV 002-0034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Lorraine Pacheco

C. Date of Delivery

4/28/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3220 0005 9416 4430

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ruben Pacheco
P.O. Box 414
Chama, NM 87520

CHCV 002-0034

COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent Addressee

B. Received by (Printed Name)

Ruben Pacheco

C. Date of Delivery

4/27/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3220 0005 9416 4443

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donnie Carillo
841 Capilene Lane
Chama, NM 87520

CHCV 002-0052

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent
 Addressee

B. Received by (Printed Name)

Donnie Carillo

C. Date of Delivery

4-25-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2877

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Napoleon R. Garcia
P.O. Box 654
Chama, NM 87520

CHCV 003-0011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Napoleon R. Garcia

Agent
 Addressee

B. Received by (Printed Name)

Napoleon R. Garcia

C. Date of Delivery

5/10/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2884

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lydia J. Garcia
P.O. Box 654
Chama, NM 87520

CHCV 003-0011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Lydia J. Garcia

Agent
 Addressee

B. Received by (Printed Name)

Lydia J. Garcia

C. Date of Delivery

4/24/06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2891

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James W. McElhaney
P.O. Box 367
Chama, NM 87520

CHCV 003-0023

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2914

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Maxine McElhaney
P.O. Box 367
Chama, NM 87520

CHCV 003-0023

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2907

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 MAXINE McELHANEY 4-24-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

LANCIE LEYBA

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Lance Leyba
HC 75 Box 50
Chama, NM 87520

CHCV 006-0004

2. Article Number

(Transfer from service label) 7099 3400 0019 5292 2952

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery
 4-24-06

D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes